

THE  
BOSTON MEDICAL AND SURGICAL  
JOURNAL.

VOL. XXII.

WEDNESDAY, MARCH 18, 1840.

No. 6.

THE "IMMOVABLE APPARATUS," USED IN THE TREATMENT OF  
FRACTURED EXTREMITIES.

BY ALEXANDER F. DULIN, M.D., OF BALTIMORE.

It is rather remarkable that the plan of treating fractures by the "Immovable Apparatus" should not, till recently, have been introduced into general practice in Europe and America; as it has long been used, with several modifications, both in Asia and the northern part of Africa; and particularly as, at first view, its apparent superiority to the ordinary mode, in the treatment of many cases of fracture, recommends it to the favorable consideration of the practitioner. Although the same principle has been applied by some of the European surgeons; in treating fractures of the extremities, yet it remained for M. Suetin, of Brussels, and M. Velpeau, of Paris, to introduce it to the notice of the profession at large. Since its recommendation by these gentlemen, it has been employed in numerous cases; and the testimony in its support has been rapidly augmenting. To add to the evidence already existing of its value, the two following cases have been reported.

CASE FIRST. *Fracture of both bones of the leg—application of the "Appareil Immobile" the second day after the accident—cure without deformity.*—John Patterson, æt. 19 years, apprentice to an iron-founder, Lexington street, and of temperate habits, May 13th, 1839, received a fracture of the tibia and fibula at the lower third, by the falling across his leg, from the height of three feet, of an iron shaft weighing sixteen hundred weight. Owing to the tumefaction which speedily ensued, his limb was dressed temporarily with the bandage of Scultetus, and placed in the ordinary wooden splints; and evaporating lotions were directed to be used. In twenty-four hours the swelling had so far subsided, that the immovable apparatus was applied in the following mode.

A roller was smoothly applied from the toes to the knee, old fine linen being interposed where there was a probability of excoriation, and in the inequalities on each side of the tendo-Achillis. This bandage was covered with starch, boiled to a thick consistence. A second was applied from the knee to the toes, which also was coated with starch. Then four pieces of thick paste-board (binder's board is preferable), moistened with water until soft, and covered with starch, extending from below the knee nearly to the sole of the foot, the front piece reaching only to the instep, were applied before, behind, and on each side of the

limb; and covered with a third roller extending from the toes to the knee. This in turn was coated with starch, and the whole covered with a fourth roller, which was secured by a pin or two at the end. The limb was now confined between shingle splints and supported on a third, and with the foot kept properly sustained for two days; at the expiration of which time, the dressings having become perfectly dry and hard, the splints were removed.

The patient had some fever for three or four days, during which time he complained occasionally of slight pulsative pain in the limb, particularly when in a pending position. He remained in bed, perfectly able, after the removal of the splints, to move about and place himself in any position, without assistance. After the fifth day he walked about the room, with help, and on the eleventh day from the receipt of the injury, he walked abroad, with the aid of crutches and a stirrup to support his foot. In four weeks he could bear his weight, without inconvenience, upon the limb; and in a little less than six weeks the dressings were removed, leaving his leg firm and without the slightest deformity.

After the second week of the injury, he was not confined to the house, but exercised freely in the open air, and enjoyed uninterrupted good health.

**CASE SECOND.** *Fracture of the tibia—application of the "Immovable Apparatus" immediately after the receipt of the injury—cure without deformity.*—B. F. W., son of a gentleman in Mulberry street, æt. 8 years, received, July 12th, 1839, a transverse fracture of the tibia four inches above the ankle, while lying upon a sand heap, by his companion jumping from a height of six or seven feet upon his leg. He was taken home immediately; and I saw him in half an hour after the occurrence of the accident. No tumefaction had taken place. The immovable apparatus was at once applied, in the same manner as described in the preceding case, and the limb was kept confined within the ordinary wooden splints until the dressings were dry, when the splints were removed.

His desire to be in motion was so great, that on the fourth day after the accident, he left his bed and hopped across the chamber. As he complained but little of pain, or uneasiness in the limb, and was without febrile excitement, I ordered a pair of crutches for him, and a strap, passing around his neck and under his foot, to elevate it slightly from the floor and give it support. After a trial with his crutches, not being able to use them very adroitly, he threw them aside, together with the strap for supporting his foot; and in less than ten days was limping about the house and yard, treading lightly upon the injured limb. In less than three weeks he ventured to bear his whole weight upon the leg, which he found able to sustain him. From this period he continued to walk upon the fractured leg without fear. The fourth week the dressings became somewhat loosened, from the shrinking of his muscles, and I applied an additional bandage firmly over the whole. At the expiration of five weeks, the apparatus was taken off, and I seriously apprehended there would be deformity, produced by his continual use of the limb; but was pleased to find a perfect cure, with the most exact coaptation of the fractured sur-

faces. He made but little complaint of pain after the third or fourth day; and, indeed, his mother thought that the principal part of his profession of suffering was feigned, as in the absence of the physician he only complained of the confinement to which he was necessarily subjected, and some uneasiness in the limb from the tightness of the dressings.

The advantages resulting from this mode of treating fractures of the leg especially, are too obvious to all who have employed the various plans, to require any elaborate disquisition. It is scarcely necessary to reiterate the arguments in its favor, which have been employed by its advocates. It may, however, be well to enumerate a few of its advantages, in comparison with the ordinary mode. The patient is able to move his leg about in bed, and assume any position he may choose, without help. He can also rise without difficulty and attend to the demands of nature. His digestive and other functions are not impaired from confinement to the bed for many weeks. He is not dispirited in mind and greatly fatigued in body, from being obliged to preserve a fixed position for a long time. In hospital practice, it promises to be of great utility, by lessening the liability to sloughing of the sacrum from protracted pressure, consequent upon long confinement upon the back. It is of infinite value to tradesmen, artisans, and others, in enabling them, a few days after the occurrence of the accident, to superintend their affairs, thereby often saving a great amount of time. The apparatus is simple and easy of application, and may be found in any house.

It would far transcend the intention of this article, and extend it beyond its contemplated length, to discuss all the objections which have been urged against this apparatus. There is one, however, and by far the greatest which has been alleged, that requires a brief notice, before I close. It has been maintained that the early application of the dressing, before a coming tumefaction, will have a strangulating effect, and may produce gangrene. Experience has proved, that if the bandage be put on with a uniform compression throughout the whole limb, it opposes tumefaction, and does not interrupt the circulation. The arterial blood is prevented from entering the compressed limb, and the venous blood, by the same pressure, is forced out. But granting that, by any possibility, the circulation should become arrested, the toes are exposed, and there are other symptoms, with which every surgeon is familiar, that clearly indicate the most remote tendency to gangrene, when the apparatus should be removed, and such other means employed as may be proper.

It would not be advisable to apply the apparatus immediately, when there was much swelling, but wait until it was dissipated; as the dressings would be left too loose to afford the necessary support to the limb, and because there would be difficulty in "determining upon the exactitude of coaptation" of the fractured surfaces.

Suffice it to say, in conclusion, that hitherto the various objections adduced against it, have not, from experience, been found valid.—*Maryland Medical and Surgical Journal.*

## ANIMAL HEAT.

[Communicated for the Boston Medical and Surgical Journal.]

HEAT, or caloric, is a subject which has occupied the attention of philosophers, more or less, for two thousand years. Their hypotheses have been numerous and widely various. The great difficulty has been, to fix upon the organs or apparatus of calorification. Some affirm that there is no such apparatus, and that animal heat is the result of the united action of all the vital organs. And yet there is a disagreement amongst those who admit the existence of such an apparatus; some supposing it to be effected by a particular organ, others that it is generated in a more general manner.

Chaussier admits a primary vital property, by which animals disengage caloric, in the same manner as their other vital operations are accomplished, by other vital properties. Boni considers that it is the common result of all the vital actions. Hippocrates thought that it depended on the action of a vital principle on organized matter. Boerhaave, that it was generated by the friction of blood on the coats of the vessels. Others supposed that it depended on the process of fermentation, or putrefaction, or on the process of nutrition. Time has been when each of these suppositions has prevailed, strange as it may seem in this enlightened age. These theories need no comment; for no one, at the present day, will for a moment suppose that the friction of fluids on each other, or on solids, can produce any heat—or that there is any process like fermentation or putrefaction going on in the animal economy in a state of health. The theory of friction partakes strongly of the mechanical philosophy which prevailed in that age; the others show the great imperfection of the state in which chemical science then was, and the very limited knowledge of the animal economy which the philosophers and chemists of that day possessed.

The doctrine of Mayow, Lavoisier and Séguin was, that caloric was the effect of respiration; they supposed that something like combustion took place in the lungs; and that the heat thus rendered latent, being then taken up by the bloodvessels, was distributed to all parts of the body. Dr. Black's theory was nearly the same. These distinguished philosophers forgot that if animal heat was generated in the lungs, and carried along in the bloodvessels to all other parts of the system, the temperature of the lungs ought to be much greater than that of parts more remote from the heart; which, however, is not the fact. Dr. Crawford improved upon the beauty of this hypothesis, by supposing that the arterial blood has a greater capacity for caloric than venous. But improved physiological principles do not favor the idea that there are any changes in the system which take place under chemical laws, or the laws of inorganic matter.

It is saying no more than the truth, probably, when it is affirmed that the chemical theories of Drs. Black and Crawford, though beautiful and ingenious, are completely overturned. We think that the only theory which can be supported by actual experiment is this, viz., that animal heat is produced by the mutual action of arterial blood and the

nerves;\* mutual, because, if a limb be deprived of blood it becomes cold; deprive it of the nervous influence and it also becomes cold, when at the same time it is abundantly supplied with blood.

Sir Benjamin Brodie, in 1810, performed some interesting experiments, relating to this subject. He found that when an animal is killed, the heart continues to beat and circulate dark blood for ten or fifteen minutes. If the animal is decapitated and the bloodvessels are tied, the heart will then beat the same length of time. If, however, artificial respiration is kept up, the heart pulsates and the arteries circulate red blood for two hours or more. When artificial respiration is performed, the same change is effected in the blood, as in the living animal; that is, it is changed from venous to arterial. But mark the change in regard to heat; the animal, instead of retaining its natural temperature, is more speedily reduced to the temperature of the surrounding medium, than when artificial respiration is not performed. These experiments settle two points, viz., that the temperature, in fact, depends on the nervous influence of the brain; and that animal heat is *not* the result of a change of the blood in the lungs from venous to arterial.

A few facts may here be named which will go to corroborate this last statement.

1. Persons who are asthmatic, are, during a paroxysm, several degrees colder than the natural temperature. Respiration, in them, is imperfectly performed—the blood, of course, is not fitted to act mutually upon the brain for the production of this nervous influence, necessary to the evolution of animal heat.

2. In apoplexy, heat upon the surface of the body is greatly diminished. Here there is a mechanical obstruction in the brain, which destroys the nervous influence, while the heart and bloodvessels circulate as much, or nearly as much, blood as in health.

3. Wounds of nerves in a limb produce a diminution of heat in that limb; wounds of bloodvessels have precisely the same effect. Such effects, resulting from such causes, must, we think, have been frequently noticed in the practice of every intelligent surgeon.

4. Poisons which act on the brain, destroy its influence on the system, and in this case, too, heat is diminished.

It is a natural inference, then, and it is agreeable to the laws which govern living animal bodies—that animal heat is produced by the influence of arterial blood, and a nervous influence, acting mutually upon each other. Respiration produces that change in the blood which fits it to be thus acted upon by the nerves. This appears manifest from the fact that the circulation of dark blood in the brain destroys life in a short time.

Sir B. Brodie performed a curious experiment for the purpose of ascertaining whether galvanism could be substituted for nervous influence. After having decapitated an animal, he connected the principal nerves with a battery. Respiration was artificially performed as in his other experiments, and he found that the animal retained its usual temperature for a considerable time.

\* I first received this idea several years ago from Dr. Emmons, Professor of Chemistry and Natural History in Williams College.

From the preceding facts, we are led to feel tolerably certain what organs are concerned in the production of animal heat, and what are not; but the *quo modo* is still hid from us in a dark and mazy atmosphere. It is, indeed, generated in the lungs; not, however, in the decarbonization of the blood, but in precisely the same manner as in other parts, viz., by the action of a nervous influence on arterial blood, carried thither by the bronchial arteries. In all parts of the body largely supplied with bloodvessels and nerves, caloric is disengaged; and in all diseases where there is an increase of circulation and of nervous influence, the temperature is raised. The natural standard of heat in the human body varies from 96 to 98 degrees Fahrenheit. In scarlet fever, it rises to 108, 110, and even to 112 degrees, which fact goes far towards proving that heat is generated in every part of the system, wherever there are a vascular and a nervous tissue. E. G. WHEELER.  
*Unionville, Mass., March 6, 1840.*

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#### MEDICAL REMINISCENCES.—NO. V.

[Communicated for the Boston Medical and Surgical Journal.]

In the early and middle periods of the eighteenth century, there was found a constellation of medical men in the State of Connecticut, distinguished alike for eminence in their profession, and for general attainments in literature and science. First and foremost of the number was JARED ELLIOTT, D.D., who was equally distinguished as a profound and learned divine, and a skillful and erudite physician.

Doctor Elliott was a native of the town of Guilford, son of the Rev. Joseph Elliott, the minister of that place, and was born Nov. 6th, 1685. He was one of the earliest students of Yale College, and received his bachelor's degree, with two associates only, in 1706. He was a settled clergyman in the town of Killingworth, in Connecticut, from the year 1709 to the year 1763, the time of his death—performing the twofold office of pastor of a people, and physician; and to such eminence did he arrive in both, as to take the highest rank as a theologian, and to justly deserve the appellation of the Father of Medicine in Connecticut. Nor was his reputation confined to these departments of science and learning exclusively. He was a natural philosopher and scientific writer, the intimate friend and correspondent of Bishop Berkeley, Dr. Franklin, and several other eminent philosophers of Europe and America. With all his other labors he devoted considerable attention to botany and mineralogy. He introduced into this country the white mulberry tree and the silk worm, and wrote a treatise recommending the cultivation of the tree, and the manufacture of silk, which was published. He received a gold medal from the Society of Arts in London, as a premium for the discovery of a process of obtaining iron from black sand. His library contained the works of Hippocrates, Celsus, Galen and Aretæus, in their original languages, which he was doubtless able to read.

He must have been a most industrious and systematic man, to attend

to two laborious professions and find time to devote so much attention to the cultivation of the arts and to general science and literature. As a physician he was deservedly eminent throughout New England; he was said to be particularly successful in the treatment of chronic diseases. He had many pupils in physic, some of whom rose to great distinction. He introduced regular systematic reading and study, preparatory to entrance upon professional practice, and did much to elevate the profession in his native State. He was as remarkable for the benevolent and kindly feelings of his heart, as for soundness of understanding and scientific research. From the year 1730, to the time of his death in 1763, he was one of the corporation of Yale College. He was also a member of the Royal Society of London, an honor rarely conferred upon one of our countrymen.

A writer,\* from whom many of these facts were taken, who had the best opportunities to ascertain the manner in which Dr. Elliott was appreciated in his life time, thus concludes a notice of his character.

"Such men as Elliott are not only highly useful and honorable to the age they live in, but are blessings to future generations. They give a spring to the human intellect, excite a spirit of inquiry, experiment and observation, and thus diffuse a light amongst their cotemporaries, which has an influence on remote posterity."—*See Thatcher's Medical Biography.*

Other distinguished men of that day, and cotemporary with Elliott, were two Scottish physicians, who emigrated to this country from 1735 to 1740, by the names of "MORRISON and McLEAN," two names always spoken of in connection, who were much together, if not at one time partners in business.

DR. LAUGHLIN McLEAN, after arriving in America, first settled in Wethersfield, Conn., where he continued for some time associated with his countryman, Dr. Morrison. After residing for a season in this town, he moved to Hartford, and continued many years the ornament of his profession, extensively useful and greatly beloved by a numerous circle of friends and employers. Dr. McLean has always been spoken of as a man of refined education, great dignity and ease of manners, and of uncommon benevolence of heart. He died at an advanced age, and left behind him a family whose descendants are still living in Hartford or the vicinity.

At the close of the French war, about 1763, a brother of Dr. McLean, who was a commissary in Gen. Wolfe's army in Canada, came to Hartford and settled in the vicinity, raised a family of respectability, from which many individuals descended who now reside in Connecticut. Dr. McLean was a classmate and friend of the celebrated Dr. Cullen, in the Medical School at Edinburgh.

DR. NORMAN MORRISON, of whom I have been able to obtain more information, who as a scholar and man of science was in no way inferior to his distinguished countryman, was born in Scotland about the year 1690. He received his education at the University of Edinburgh, under

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\* Dr. Thomas Miner.



the instruction of the distinguished teachers who filled the professors' chairs in the department of medicine in that celebrated University.

Dr. Morrison came to this country about the year 1740, and first settled in Wethersfield, Conn., where he remained about two years. He then moved to Hartford, and soon gained a high reputation for medical science and practical skill as a physician. Many pupils resorted to him and his distinguished countryman, Dr. McLean, as the fame of both was alike honorable and extensive. Like Elliott, Dr. Morrison was a thorough and diligent scholar, had a valuable library, and did much in that day to inspire his pupils with a taste for reading, and encourage systematic and regular practice. The benefit of his labors in instructing a class of pupils of unusual eminence, was widely diffused, and its influence can hardly be said to have ceased at the present time. Those of the present century who knew him, or knew of his fame, bear testimony to his great accomplishments as a man and a scholar, and to his superior eminence and judgment as a physician. Amongst his pupils were the celebrated Dr. Osborn, of Middletown; Dr. Wolcott, of Windsor; and Dr. Farnsworth, of Wethersfield. The following anecdote is related of Dr. Morrison, with which he used to amuse his friends, although somewhat at his own expense. There lived in a neighboring parish a Dr. Andrus, a self-taught, but shrewd, ingenious man, little acquainted with books, but who had picked up, in various ways, considerable knowledge, particularly by his acquaintance with the Indians in the neighborhood, denominated the "Farmington Tribe." He had obtained from them their knowledge of roots and herbs, so as to have gained much reputation with the public, although he was hardly admitted into the pale of the regular profession. A respectable patient in Hartford, in the care of Drs. Morrison and McLean, having heard of this modern *Æsculapius*, desired much to see the renowned Dr., of Indian skill. Unwilling to meet Andrus, but yet wishing not to disoblige their patient, they agreed to address a note to the doctor to meet them at a certain time. Wishing to have a little sport with the Indian doctor, and not at all unwilling to mortify or disconcert him, they wrote the note in the Latin language, which they knew he could not read, and despatched a messenger with it to the doctor's house. On the reception of the note the doctor attempted to read it, but it was all "Greek" to him, which ever side up he attempted it; but a shrewd yankee was not easily to be entrapped, even by a crafty Scotchman. Andrus bade the messenger wait, and went with all speed to his minister, who was no less a man than Rector Willians, afterwards president of Yale College, who easily interpreted the mysteries of the note for him. Seeing the object, his quick discernment and ready wit led him to retort in the answer they required. Understanding the dialect of the Indian tribe, with whom he was familiar, he immediately replied in this unknown tongue, and the messenger was despatched in return. The Scotch doctors took the note, but they did not understand the "Latin of it," neither could they find an interpreter; but at the appointed hour the hero of Indian skill and learning appeared. The Scotchmen were much interested in his ingenuity and simplicity of character. They finally requested him



to interpret his own billetdoux, acknowledging their ignorance of the *learned language* in which it was written, and had a hearty laugh over it, as they many times did afterwards in telling the story of their attempt to cheat a yankee.

Dr. Morrison married a Miss Smith, in Hartford, by whom he had two daughters, one of whom married respectably in the city, and her descendants are still living or have recently deceased. The other married a Scotchman by the name of Walker, who settled in a neighboring town.

Dr. M. died in Wethersfield, of an epidemic pneumonia, at the house of his friend and pupil, Dr. Farnsworth, who was first severely sick under the care of his celebrated instructor. After Dr. Morrison was attacked with the disease, he predicted the recovery of his friend, but unhesitatingly declared the certainty of his own death—both of which events occurred in exact fulfilment, as to time and circumstances, as he had foretold. His death took place in 1761, at the age of 71.

Worcester, Feb., 1840.

S. B. W.

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#### FRACTURE OF THE THIGH BONE—TUMOR—AMPUTATION, &c.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—In 1820, Mr. \* \* \* \* \*, a house-carpenter, aged 30 years, came to me for advice. The following is a brief history of himself. He had been able to pursue his business as a carpenter, though for about a year previous he had suffered from rheumatic pains, as he considered them, in the right thigh and leg. His general health was impaired, which he ascribed rather to domestic affliction than to his rheumatism. He had labored through the day, and walking his room in the evening, he tripped with the foot of the lame leg and fell. A physician was called, who discovered fracture of the thigh bone below the middle of the shaft. He was put into splints and confined strictly for six or eight weeks. It was discovered then that union had not taken place. The limb was useless; the thigh evidently flexible at the fracture, around which had formed a large tumor.

This was the condition of the limb at the end of three months, when the patient was brought (twenty miles) to me. The tumor, now twice the natural size of the thigh, about the fracture, was colorless, hard, and not sensible to pain on pressure. The general health was decidedly bad. The functions of body were illy performed, and his countenance had the sallow, anxious look peculiar to malignant scirrhus of the glands. The case was novel and embarrassing to me, and the patient was prevailed upon to remain with me until I examined such authorities as I could command, to enable me to give an opinion in the case. Boyer's description of osteo-sarcoma decided me that this was probably a case of it, and I advised amputation. At this time, and at my instance, he consulted an elderly surgeon of merited celebrity, who thought another attempt should be made, if possible, to effect union; and though opposed to my own views, as the general health had already severely suf-

ferred, he was again confined by the advice and direction of my surgical friend, for six weeks. In this second trial the tumor increased greatly, and the health declined daily.

I removed the limb just below the trochanter, about five months after the fracture. On opening the tumor there was a loss and disappearance of a part of the bone, and the whole tumor was filled with bony spiculæ, like needles in a cushion. The stump healed kindly, and for a few months he rallied in health; but within, or about a year from the operation, he died of what was called consumption of the lungs. The stump continued sound and healthy to his death.

It may be regretted that amputation was not earlier resorted to; but from cases which I have since seen and had occasion to treat under better and apparently more auspicious circumstances, together with the general failure, in my hands, of operations for malignant scirrhus of the glands in both sexes, which I consider allied in character to osteo-sarcoma—though I would certainly resort to an operation where the disease can be thoroughly removed, and when the general health is not too much impaired—I should depend on constitutional remedies entirely to prevent a return or re-appearance of disease—and I have so little confidence in these, even, that I feel constrained, in all cases of this kind, to give a very guarded prognostic.

Respectfully,

Springfield, March 6th, 1840.

JOSEPH H. FLINT.

#### IMPORTANCE OF ANATOMICAL KNOWLEDGE.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—As there are many practitioners of medicine throughout the country, besides the "*Regular Apothecary Doctors*," who make no pretensions to experience in anatomical science, and even use their influence to prejudice the community against those who are willing to confess that *experience* in the dissecting-room, and demonstrations in the anatomical theatre, are the absolute *sine qua non* in the qualifications of a practitioner of medicine or surgery, it may be well to publish occasional *facts*, that people may at once see that a knowledge of anatomy, in some cases, may save the life of a patient. The following may illustrate.

Mrs. A., of this town, young, and of good constitution, was confined with her second child, May 9th, 1838. She was attended by a midwife, an elderly lady, of considerable experience in that line. There was nothing peculiar in the labor; the *placenta* was extracted with some force, and much pain was experienced, followed by considerable hemorrhage, which continued for 36 hours, when a physician was called, who found the abdomen tumid. The catheter was introduced, and three pints of water drawn from the bladder with momentary relief; but it was soon ascertained that there was a complete inversion of the uterus, which resisted all attempts at reduction. Here it was evident that anatomical skill could only ascertain the true nature of the case, and timely aid might in all probability have saved the patient. As it was, she

lingered some months, and so far recovered as to ride out and attend to household affairs, and the catamenia returned. At the end of about 12 months, she was suddenly attacked with vomiting, which continued more or less until she expired, some two or three days after this attack, June 3d, 1839.

In company with three other physicians, I attended the post-mortem examination. On exposing the *viscera* of the abdomen, the Fallopian tubes and ovaries were found drawn quite down in the bottom of the pelvis; the uterus was entirely within the vagina, completely inverted, and but little exceeding the ordinary size. It was of a dark purple hue, veins much injected, and having the appearance of some strangulation. Stomach and other organs appeared in a healthy condition. Was the excessive vomiting occasioned by the stricture about the inverted uterus?

At the time of this examination, the attending physician thought of reporting the case; but I understand he has not, and viewing it of some consequence, I have ventured to transmit you the substance of the case from memory, which I believe is correct. Yours, with due respect,

Great Barrington, Ms., March 5, 1840.

N. B. PICKETT.

## BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 18, 1840.

### REASONS FOR BELIEVING IN HOMŒOPATHY.

A PAMPHLET of thirty-one closely-printed pages, entitled "*Letter to the Hon. —, with reasons for examining and believing the fundamental principles of Homœopathy, by C. Ticknor, M.D., of New York,*" came to our address the other day, from the author, who is a talented member of the medical profession in that city, and familiarly known in this country and in Europe, for his admirable work on the Philosophy of Living. In one word, Dr. Ticknor has become a decided convert to Hahnemannism. These are his own words—"Such is the evidence, Sir, which has proved to my satisfaction that the principle of Homœopathy is true. I have seen the results follow my remedies under such a variety of circumstances, where no other cause could have operated, that in spite of my wishes and prejudices I have been compelled to believe that these results were the effect of medicine." This article of faith follows a long and candid essay upon what Dr. Ticknor has observed under circumstances the most favorable and convincing.

While reading this letter, which, in essence, is a miniature treatise on homœopathy, where the evidence of both sides is weighed, in his view impartially, we feel satisfied of Dr. Ticknor's honesty. He has not turned his coat for the sake of immediate gain, but because he fully and honestly believes it to be his bounden duty, in the pursuit of a responsible profession, to practise according to the dictates of reason, and the light of modern science. In early life, we had some agency in Dr. T.'s medical education, and it will be remembered by those who formed an acquaintance with

him at a medical school, that he is not constitutionally calculated to become a sudden worshipper of new gods, or a fanatic in any doctrine.

There is really a very satisfactory historical account of the progress of the new system of medicine in this pamphlet, which is far better calculated to interest the general reader, than any other which has been circulated of late.

Having made these free observations, we have no hesitation in saying that we cannot yet believe the doctrines, or credit the assertions, of the homœopathic disciples. Whenever we have good cause for changing old opinions for new ones, or feel in duty bound to relinquish the present mode of treating diseases, for the talismanic one, declared to be so wonderfully successful by all the homœopaths of this and other countries (and it is rather extraordinary that they all concur in asserting and maintaining precisely the same facts and declarations), we shall have no motive for concealing it, but at once acknowledge such a revolution of sentiment.

If homœopathy is truly, as generally represented, nothing but empiricism, it is the most harmless plan ever invented for profiting by the ills of humanity. That over-dosing is an evil of prodigious magnitude in modern practice, will not be denied by the staunchest advocates of the present well-established system. And it is a reformation loudly called for, to lessen the quantity of medicine ordinarily given in the treatment of the general class of diseases. As the impression exists, among a large class of people, that physicians, as a body, prescribe unnecessary quantities of medicinal articles, even in trivial maladies, they are ready to countenance almost any scheme which promises relief from suffering, and in which the use of nauseous drugs is positively declared to be unnecessary. To this one fact is chiefly to be imputed the rapid success of the homœopathic physicians, in the United States. No person would willingly submit to the amputation of a limb, on account of extreme pain that resisted the usual remedies, if he were told that at the expiration of ten years, by a newly-discovered medication, it could be saved. The patient, buoyed up by hope, would endure intense misery. So it is in regard to homœopathy; the prospect held out is encouraging, and a natural repugnance to pills and powders, together with a growing prejudice against the customary manner of dispensing medicines in large and frequent doses, brings this modern school of adventurers into extensive as well as profitable business.

On the whole, we are obliged to admit, from the signs of the times, that it is probable these latter-day practitioners will greatly increase, and distribute themselves over the United States, and for awhile they may be in the ascendant; but ultimately, we think, they must necessarily fall into disrepute, and common sense re-establish her dominion.

We are glad to be instructed in any department of knowledge, and it is on this principle that we have read a multitude of essays and comments on homœopathy, without, however, being essentially the wiser. Dr. Ticknor is more lucid than most of his brethren, and therefore more acceptable, though not absolutely convincing.

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*Mortality of New York in 1839.*—Dr. Walters, the city inspector of New York, has shown, in the return made to the Council of that city, that he understands the business of his office. The tables are plainly constructed, and therefore satisfactory to every person. In 1839 there were

7953 deaths—being just 100 less than in the preceding year. Of this number, 7491 were white, and 462 colored persons; 4389 were males, and 3564 females. Dr. Walters says that this disparity in the deaths of the two sexes commences during foetal existence; and he further remarks that the average mortality among the foreign population appears to be much greater than amongst native citizens. Of the whole number of deaths in persons over 10 years of age, 1419 were natives, and 1853 Europeans. July, in New York, is the most fatal month: the fewest number of deaths occur there in April, May and June. In 1839, 3696 children died before completing their fifth year. By pulmonary consumption, 1315 were swept off—being an increase of 90 over the mortality by that disease last year. One sixth of all the deaths are by consumption: 1 in 3½ of the colored persons who died in 1839, were carried off by pulmonary affections. We cannot refrain, without doing an act of injustice, from commending this very excellently executed bill of mortality, which shows that the present city inspector is as competent to the discharge of the duties of the office as any of his predecessors.

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*Medical Service of Egypt.*—An inspector of the land forces and marines, and president of the Council of General Health, receives an annual salary of 30,000 francs; the inspector and member of the Council of General Health, 10,000 francs. Army medical inspector, 8,500 francs; principals, 5000 each. Majors, 3,400; assistant majors, 2,200; and under assistants, 1,500 francs each. The title of doctor in medicine from one of the faculties of Europe, is required to obtain the rank of (*medical*) major. The General Council of Health is comprised of the following persons, viz., Clot Bey, inspector general—president; Giatani Bey, private physician to his Highness the Bey—honorary member; Detonches Bey, inspector apothecary—incumbent member. Since Clot Bey organized a native medical school in Egypt, which was imperiously called for in consequence of the extreme dearth of medical officers, from 410 to 420 have been graduated and incorporated with the army and navy, with the rank of under assistants, assistants and majors. In 1833 Clot Bey carried 12 young Arabians to Paris for the completion of their medical studies, and 6 of them, since their return to Egypt, are employed at this time, in the capacity of assistant professors in the medical school of Abouzabel. Secondary medical schools are established at Alexandria and Aleppo, for providing for civil hospitals and lying-in establishments. The Esbekeeh Midwife School is particularly encouraged, in which the female slaves belonging to the harem of the Pasha are taught the general principles of the art.

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*Jefferson Medical College.*—Things have been going on exceeding prosperously at this institution the past winter. One hundred and forty-five students were matriculated. Accompanying the catalogue is a congratulatory address of the trustees, in which they are "happy in being able to express their satisfaction with the mode in which the new professors of Obstetrics and Surgery have executed their respective duties." What was the matter before they were appointed? The students passed a series of resolutions in which they, too, speak of their satisfaction with the new professors. All this is quite mysterious to us who live so far to the north.

*Pathological Society of Dublin. Softening of the Anterior Column of the Spinal Cord in its Cervical Portion.*—Dr. Power begged to draw the attention of the Society to a well-marked and recent specimen of acute softening of the anterior column of the spinal cord. The patient, a woman aged 50, was suddenly attacked with paralysis of motion in the upper and lower extremities. The bladder and rectum were unaffected: a slight power of motion remained in the limbs. There was no loss of sensation; no fever, headache, or disturbance of intellect. *Sensation in the paralyzed portions was perfect.* Soon afterwards she was attacked with dyspnoea, and her breathing became diaphragmatic; ultimately the diaphragm became paralyzed, and death took place with great dyspnoea. The cervical portion of the medulla spinalis was found softened.—*Dublin Journal.*

*Absence of the left Kidney.*—On examining the body of Edwin Seanes, aged 1 year and 10 months, who died on Nov. 17, from mesenteric disease, the left kidney was *entirely* absent. There was no appearance of its *ever* having existed. Its place was occupied by the convolutions of the intestines, the spleen lying in its proper situation. The right kidney was very large, weighing four ounces and a drachm (avoirdupois), situated unusually high, its superior end resting on the three inferior ribs, and firmly attached to the diaphragm. The renal capsule presented nothing peculiar. The vessels and ureter were proportionately larger. In this case the left spermatic vein emptied itself into the vena cava.—A. KEMPE, M.R.C.S., in *London Lancet.*

*Raw Cotton a Cure for Chafes.*—Dr. A. Robertson, of Gainesville, Alabama, writes to us that he has found raw cotton a prompt and effectual cure for chafes. Practitioners, he states, in a southern climate, who visit their patients on horseback, are peculiarly liable, especially in sultry weather, to being badly chafed. Having suffered much from it himself, being sometimes disqualified for a day or two at a time for riding, he was induced to try the raw cotton, and has always found that when it was applied to the skin at night on going to bed, it afforded entire relief by next morning.—*American Jour. of Med. Sciences.*

*Medical Miscellany.*—Mr. Daniel Davis, Jr., who received the gold medal at the second exhibition of the Massachusetts Charitable Mechanic Association, and whose skill as a philosophical instrument maker is probably unrivalled in this country, has recently furnished a complete set of electro-magnetic apparatus for the Vermont Medical College at Woodstock.—Camphor has risen in price in England, in consequence of the difficulty with China.—A Medical Board, consisting of Surgeons T. C. Mower, C. A. Finlay, and H. S. Hawkins, will convene at Philadelphia on the 1st of May, to examine applicants for medical appointments.—Dr. Mussey, says the Cincinnati Gazette, recently performed the rhinoplastic operation successfully, by taking the material for a new nose from the arm, between the elbow and shoulder-joint. He has also removed half the upper jaw from the left side of a young man, who has recovered so favorably as to attend to business.—Dr. J. McNaughton, of Albany, has accepted the appointment of Professor of Theory and Practice of Medicine in the place of Dr. Reese, resigned, in the Albany Medical College. There is no mention of Dr. McNaughton's resignation of the Chair of Anatomy and

Physiology in the Fairfield School, which he has held with distinguished success for many years.—A young man died of hydrophobia at Cincinnati, Feb. 28th, from a bite which he received from a dog in July last.—There are 105 Italian, 32 French, 6 English, 5 German, 4 Polish and 2 Spanish physicians, surgeons and apothecaries in the service of Mahomed Ali, the ruler of Egypt.—Dr. Baxley successfully performed laryngeotomy on a child one year old, in Baltimore, the other day, and took from the larynx a piece of the shell of a nut.—The mortality of New York week before last, was 142—in Philadelphia, 110.—The estate of Dr. Wolfred Nelson, the expatriated Canadian patriot, was confiscated, and is now advertised to be sold at auction. It consists of 18 beautiful village lots in St. Denis; four houses; 11 farms, containing 1021 acres of valuable land, and 2 flour mills. The doctor was called an immensely rich man.—J. F. Trow, of Nassau street, New York, has published a popular work on Dentistry, by G. E. Hawes and C. C. Allen, M.D., illustrated by plates. No copies in Boston.—From 1796 to 1806, 1 lying-in woman out of 32 died in the Charité of Berlin. In the next 10 years, from 1807 to 1817, 1 in 45; but in the whole kingdom of Prussia, in 1817, only 1 died out of 112.—Cases of *muscae volitantes*, with remarks on their proximate cause, by W. C. Wallace, M.D., of New York, are re-published in the India Journal of Medical and Physical Sciences, for June, 1839, copied from the London Medical Gazette.—Mr. Brett, the celebrated Calcutta surgeon, whose talents are of the very highest order, has been almost crushed by the overtowering influence of a clique of medical monopolists, who seem determined that no man shall be known or patronized who manifests a disposition to eclipse any member of the stupid brotherhood, who watch with a lynx's eye to keep down—but never allow of any man's elevation.—Dr. McClintock's private school of anatomy, in Philadelphia, the past winter, contained, we understand, 130 students, who passed sundry resolutions, at the close of the term, very complimentary to the doctor's qualifications as a public teacher. Only 32 deaths occurred in Baltimore week before last.—A good deal is said of the value of creosote in deafness.—A committee of the City Council of Boston has been raised to inquire into the expediency and necessity of erecting a hospital at the House of Correction, and to report a plan and estimates.—A treatise on the chemical analysis of organic bodies, by Professor Liebig, of the University of Giessen, has recently been published in Scotland—translated by W. Gregory, M.D.

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TO CORRESPONDENTS, &c.—Dr. Hoi's communication will be inserted next week.—Johnson & Smith, publishers of the "Olive Leaf," at Providence, R. I., are authorized to act as agents for this Journal. Subscribers in that city are requested to pay to them the amount of the bills which were enclosed in their copies of the Journal some time since.—Several of our agents at a distance, are requested to make a remittance as soon as convenient.—Subscribers in places where there is no agent, are again reminded of a mode of transmitting money which is at all times available, and without expense, viz., through the postmasters of their respective towns.

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DIED.—In Bristol, R. I., Dr. Lemuel W. Briggs, 54.—In Hallowell, Me., Dr. George H. Clarke, 22.—At Lansingburgh, N. Y., Frederick A. Waite, a student of medicine, 24.—At Charlestown, Montgomery Co., N. Y., Ezra May, Jr., M.D., in consequence of an injury by falling on the ice.—At Marblehead, Mass., suddenly, of angina pectoris, John S. Bartlett, M.D., pretty extensively known in consequence of a difficulty with the Massachusetts Medical Society.



Number of deaths in Boston for the week ending March 14, 29. Males, 16—females, 13. Stillborn, 3.

Of consumption, 6—infantile, 1—typhous fever, 2—inflammatory fever, 1—lung fever, 2—croup, 1—  
inflammation of the lungs, 1—lead poison, 1—fits, 1—apoplexy, 2—child-bed, 1—disease of the brain, 1—  
rheumatic fever, 1—suicide, 1—old age, 2—teething, 1—dropsy on the brain, 1—smallpox, 1—in-  
temperance, 1—hooping cough, 1.

### NOTICE.

A PHYSICIAN having recently left Canton Centre, Mass., where there has been one the last fifty years, offers to sell or let his house, with or without a small farm. Inquire of E. Crane, Esq., near the premises (if by letter, post paid). March 18—1f

### MEDICAL TUITION.

THE subscribers offer the following advantages to medical students.

Students will be allowed free access at all hours to the United States Marine Hospital at Chelsea, and will be permitted to examine and make records of all the cases that occur there. On an average there are at least sixty patients at the institution. Dr. Stedman will make a daily morning visit, and Drs. Perry, Bowditch and Wiley will, in turn, visit two afternoons every week, from March 1st to October 31st, for the purpose of clinical observation with the students. Dr. Bowditch will deliver a course of lectures upon diseases of the chest, with especial reference to the physical signs.

In addition to the above, admission will be granted to the medical and surgical visits at the Massachusetts General Hospital; to the Infirmary for Diseases of the Lungs; to the practice of one of the Dispensary districts, and to the Smallpox Hospital. Abundant opportunities for dissections and operative surgery, and occasionally for the practice of midwifery.

Regular courses of instruction will be given as follows:—

On Anatomy and Medical Jurisprudence, by	- - - - -	DR. SMITH.
Surgery, by	- - - - -	DR. STEDMAN.
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Midwifery, Diseases of the Chest, and Demonstrations on	} - - - - -	DR. BOWDITCH.
Morbid Anatomy, at the Hospitals, by		
Materia Medica and Chemistry, by	- - - - -	DR. WILEY.

Rooms for study, either at Boston or Chelsea, free of expense. For terms, apply to H. G. Wiley, M. S. PERRY, C. H. STEDMAN, H. G. WILEY, or to either of the subscribers. J. V. C. SMITH.

Jan. 29—splmeoptif

H. I. BOWDITCH,

**THOMPSON'S APPARATUS FOR THE CURE OF PROLAPSUS UTERI, &c.**  
In offering his instrument to the faculty, Dr. Thompson would call their attention to the following statements, and request all interested to examine the article in the hands of his agents

*Extract of a letter from the late Professor Eberle, to the Hon. H. L. Ellsworth, Commissioner of Patents, &c., dated*

*Cincinnati, May 11, 1837.*—"I have carefully examined the new Uterine Truss invented by Dr. Robert Thompson, of Columbus, in this State, and I can confidently declare, that it is unquestionably the most perfect and useful instrument of the kind, that has ever been offered to the public. It differs essentially in its construction, from the Uterine Truss contrived by Dr. Hull, and is, in all respects, a far superior instrument."

See, also, "The Western Journal of Medical and Physical Sciences."

Professor McClelland, of Jefferson Medical College, Philadelphia, Pa., declared, upon examining the instrument, that "every word of Dr. Eberle's opinion is true." Professors Channing and Hayward, of Boston, expressed like opinions.

*Extract of a letter from Prof. Sewall to Prof. Bigelow, dated*

*18th May, 1837.*—"Dr. Thompson will be pleased to show you a Uterine Truss which he has invented, of very superior structure to anything we have."

*Extract of a letter from Prof. Peizotto to Dr. Thompson, dated*

*Columbus, Jan. 10, 1838.*—"Your instrument, it appears to me, is formed on principles more enlarged, than those hitherto recommended for the same end, and mechanically different. I would cheerfully recommend its adoption by our professional brethren generally."

For sale in Boston by Theodore Metcalf, apothecary, No. 33 Tremont Row. Price, \$7, \$10 and \$12.

June 12—1y

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